

Control Number <u>EXAMPLE</u>

CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT

RESERVATION FORM FOR USE OF PARK SPACE (This is <u>not a permit</u> for park use)

Park/Field Name			
Event Type	(Atta	ch a detailed d	lescription)
Date(s) Desired			
Set-up Date			
Clean-up Date			
Name of Person/Host Organization/Company		_Telephone ()
On Site Contact Person		_	
Address			
Email address:			
Estimated Total Attendance Estimated		me	
Is the Host Organization (company) a bona fide tax exer If yes, a copy of the 501 tax exemption letter is required a Is admission, participation, registration and/or any other fees required Fund Raiser/Commercial/Promotion Activity	nd must be attached to the		
	JST BE ATTACHED TO PI JST BE ATTACHED TO PI		
No. of Dumpsters (if required) No. of Recycling Containers (required) ———————————————————————————————————	Toilet for every 250 persons is with a Lid for every 300 personntainer is required per each required for all events over 3 based on your event power n	ons is required. trash container pr 00 persons.	ovided. A
	supervisor. All cables must be	ramped and a drip	pan placed
ALCOHOLIC BEVERAGE: ☐ Yes			
Do you plan on having alcoholic beverage service? ☐ Yes	☐ No If yes, please check a	all that apply:	
	and Sales Alcohol	☐ Beer, Wine and	or Distilled Spirits
Beer Garden Hours: Alcoholic beverages are not permitted in facilities, parks and be Special Event Permit as issued by the Office of Special Events. Containers of any kind are prohibited on all the beaches and particular	The granting of such permit		
EQUIPMENT SET-UP INFORMATION – Please list all equipment: (i.e. tables, chairs, canopies, stages, inflatables, etc. Attach ad			
Please note: The Park and Recreation does not provide power, water, or any equip	ment for outdoor events.		
MUSIC/VOICE AMPLIFICATION: All amplification is s ☐ Yes ☐ No If yes, indicate type:			
Purpose:	Intended Hours of	Use:	
Application must be completed and received by this office at least 120 may be cancelled by Park & Recreation staff if all requirements ar FAILURE TO FULLY DISCLOSE COMPLETE DETAILS OF Y RESUBMITTED WHICH INCLUDES THE REMITTANCE OF A writing if your event is CANCELLED. I have read and understand all facilities that are attached to and a part of this application and agree to By (print name) authorized representative of PERMITTEE as set forth in this Application.	e not met a minimum of 30 da OUR EVENT MAY WARRA ADDITIONAL APPLICATIO the rules and regulations govern abide by same, who hereby certifon and Permit.	nys before your even. NT YOUR APPL. NN FEES. Please making the use of City fies that he/she is the	ent. ANY ICATION TO BE otify this office in parkland and/or ne duly qualified and
Authorized Signature		Date	//
Park & Recreation Department Representative	PLANNING REVIEW A		FEE (collected

upon submittal of this application, other fees may apply, non-refundable): \$193

Park use fees will be determined upon approval of this application and the submittal of a Permit for Park Use application.

FINAL CEQA DETERMINATION ATTACHED UPON DSD FINAL REVIEW